

**Kentucky Department of Education
School & Community Nutrition
Summer Food Service Program
Summer Sponsor Training Program
REGISTRATION FORM**

Sponsor: _____ Location: _____

Training Conducted By: _____ Date: _____

Topics Covered: 1. _____
2. _____
3. _____
4. _____
5. _____

Participant's Signature	Title

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Signature

Filename: trainregistration.rtf
Directory: C:\WINDOWS\Desktop
Template: C:\WINDOWS\Application
Data\Microsoft\Templates\NORMAL.DOT
Title: Division of School & Community Nutrition
Subject:
Author: khammond
Keywords:
Comments:
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